

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046572

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 26 1962

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1849A

STATE FILE NUMBER

VS 300
Rev. 4/59

b397

b397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1208 N. Fulbright		d. STREET ADDRESS (If outside, give location) 1208 N. Fulbright	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELMER Middle LILES Last LILES		4. DATE OF DEATH Month December Day 13 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec 7, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Coal Company	9. AGE (last birthday) 54
11. BIRTHPLACE (City and state or country) Mansfield, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Elbert Liles		13b. MOTHER'S MAIDEN NAME Pearlee	
14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT William Lewis, Springfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be natural causes UNATTENDED BY A PHYSICIAN DUE TO (b) [REDACTED] DUE TO (c) City Police investigated and notified Coroner PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased was found dead when his half brother with whom he lived returned from his work. He had been a patient at the University of Missouri Hospital and ill for a long time.		20c. TIME OF INJURY Hour [REDACTED] a.m. [REDACTED] p.m. [REDACTED]	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) [REDACTED]	
20f. CITY, TOWN, OR LOCATION [REDACTED]		COUNTY [REDACTED] STATE [REDACTED]	
21. I attended the deceased from [REDACTED] to [REDACTED] and last saw him alive on [REDACTED] Death occurred [REDACTED] m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [REDACTED] (Degree or title) M.D. County Health Officer, Spfld	
22b. ADDRESS [REDACTED]		22c. DATE SIGNED 12-20-62 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 16, 1962	
23c. NAME OF CEMETERY OR CREMATORY Galloway Cemetery		23d. LOCATION (City, town, or county) Galloway, Missouri	
24. FUNERAL DIRECTOR Jewell E. Windle, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 12-21-62	
26. REGISTRAR'S SIGNATURE Effie E. Nelson			

USE BLACK INK
OR
TYPEWRITER RIBBON

Received
12-17-62
Hansen

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer _____

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.